

PREVAILED

Roll Call No. _____

FAILED

Ayes _____

WITHDRAWN

Noes _____

RULED OUT OF ORDER

HOUSE MOTION _____

MR. SPEAKER:

I move that Engrossed Senate Bill 615 be amended to read as follows:

- 1 Page 8, between lines 41 and 42, begin a new line block indented
- 2 and insert:
- 3 **"(4) Require daily rate components for individuals enrolled**
- 4 **in services that include components for residential services**
- 5 **(based on at least a three (3) resident to one (1) staff ratio,**
- 6 **whenever possible), day services, and other services as**
- 7 **determined by the division of disability, aging and**
- 8 **rehabilitative services.**
- 9 **(5) Require an annual or biennial service agreement among**
- 10 **the state, provider and developmentally disabled individual**
- 11 **(as defined in IC 12-7-2-62) formalizing the commitment of**
- 12 **each party to the placement and implementation of the**
- 13 **individualized support plan.**
- 14 **(6) Allow termination or modification of the service**
- 15 **agreement if:**
- 16 **(A) the individual is not in services for more than fifteen**
- 17 **(15) consecutive days;**
- 18 **(B) the services described in the individualized support**
- 19 **plan have not been provided;**
- 20 **(C) the individual is abused or neglected by an agent or**
- 21 **employee of the provider during the period of the service**
- 22 **agreement;**
- 23 **(D) there is a substantial change in the condition of the**
- 24 **individual which increases the total services required by**
- 25 **the individual;**

1 (E) through no fault of the provider, a housemate
2 departs the setting; or
3 (F) the provider fails to provide reports and information
4 as requested by the state.
5 (7) Require annual cost reporting to determine the base rates
6 for the funding matrix under subdivision (2).".
7 Page 9, line 3, delete "to provide" and insert "to:".
8 Page 9, delete lines 4 through 15, begin a new line block indented
9 and insert:
10 "(1) allow a provider to be given credit for any provider
11 standards that the division determines are the same as or
12 similar in intent and effect as state or federally mandated
13 provider standards;
14 (2) require a provider to comply with any individual
15 provider standards not included in the accreditation
16 standards of an approved independent national accreditation
17 organization;
18 (3) require a provider or approved independent national
19 accreditation organization to provide the division with
20 documentation of the applicable accreditation standards; and
21 (4) require the provider to maintain accreditation and notify
22 the division if accreditation is suspended or revoked.".
23 Page 9, between lines 16 and 17 begin a new line block indented
24 and insert:
25 "SECTION 11. [EFFECTIVE JULY1, 2005] (a) Before July 1,
26 2006, the office of the secretary of family and social services shall
27 adopt rules under IC 4-22-2 to add and amend rules under 405 IAC
28 to govern fiscal audits completed by:
29 (1) the office of the secretary of family and social services
30 audit staff; and
31 (2) agencies contracted by the office of the secretary of family
32 and social services to complete fiscal audits.
33 (b) Before July 1, 2006, the office of the secretary of family and
34 social services shall adopt rules under IC 4-22-2 to add and amend
35 rules under 405 IAC to require that the office of the secretary of
36 family and social services' audit rules for providers of services to
37 a developmentally disabled individual (as defined in IC 12-7-2-62)
38 must meet the following requirements:
39 (1) All classifications of providers are required to be audited.
40 (2) The audit process must be written, formalized, and have
41 specific time schedules.
42 (3) Not less than fourteen (14) days advanced notice must be
43 given before:
44 (A) an audit; and
45 (B) any papers required to be provided during the audit
46 must be submitted to the audit agency.
47 (4) The purpose and content of an exit conference must be
48 defined.
49 (5) The purpose, scope, and schedule for the issuance of audit
50 reports must be defined.
51 (6) Except for cases of fraud, an audit must be completed and
52 issued not more than two (2) years after the end of the:

- 1 (A) grant period; or
 2 (B) provider's fiscal year;
 3 whichever is later.
 4 (7) A formal appeal process that includes:
 5 (A) the issuance of a preliminary finding;
 6 (B) a time for the provider to respond to the preliminary
 7 findings and submit additional information for review
 8 before final findings are issued; and
 9 (C) appeal procedures with deadlines.
 10 (c) Before July 1, 2006, the division of disability, aging, and
 11 rehabilitative services shall adopt rules under IC 4-22-2 that
 12 comply with rules adopted under subsections (a) and (b) and that
 13 require the following:
 14 (1) Audit and program staff of the family and social services
 15 administration to jointly approve issued service definitions
 16 and bulletins that impact potential audit issues.
 17 (2) Development of comprehensive bureau of developmental
 18 disabilities services provider manual for state and waiver
 19 funded services that is comparable to the Medicaid provider
 20 manual.
 21 (3) All revisions to the manual created under subdivision (2)
 22 and rules adopted or amended may be implemented only on
 23 the first day of a month.
 24 (4) Develop consistent definitions of services and
 25 documentation standards regardless of the funding source.
 26 (5) Develop written documentation standards, including
 27 acceptable electronic documentation formats.
 28 (6) Provide initial and periodic training of a provider's
 29 financial staff by the division of disability, aging, and
 30 rehabilitative services concerning accounting, billing, and
 31 audit procedures.
 32 (d) This SECTION expires July 1, 2007."
 33 Renumber all SECTIONS consecutively.
 (Reference is to ESB 615 as printed March 18, 2005.)

Representative BECKER